

## **SOFTBALL REGISTRATION**

Complete this form and mail with a check for \$60 for the first child and \$40 for each additional sibling by **Friday**, **February 9**, **2001**.

## NO LATE APPLICATIONS WILL BE ACCEPTED

Send to:	Rye Girls Sports P.O. Box 971 Rye, NY 10580	, Inc.	Drop	off at	: Rye Recreation 281 Midland Avenue Rye, NY 10580	
Name:				_	Phone:	
Address:						
Date of Birth:			Height: Weight:			
Grade:	Softball Exper	ience (positi	ons playe	ed):		
Do you plag	•	Soccer	yes	no	Saturday Dance yes no	
					and joining a team, to softball!!	
	<del></del>		>-			
up to coac Experience Head Coac	h. We would particue? We are offering	larly like to a coaching c	see more clinic to h Assis	e <b>WOI</b> nelp ge tant C	t Volunteers. Please help by signing MEN volunteer as coaches. No et you started.  oach:	
<b>V</b>						
	PLEASE REA	PARENT G AD. Both par	_		LEASE lians must sign below.	
Rye Girls Spot transportation harmless, Rye these activities	rts Softball program. We as to and from activities of the Girls Sports Inc., the organ	sume all risks ar program; and w izers, sponsors, s t of any injury to	nd hazards i e do hereby supervisors, our child e	ncidenta waive, particip xcept in	consent for our child's participation in the 2001 all to such above participation, including release, absolve, indemnify, and agree to hold pants and persons transporting our child to and from the amount covered by accident and liability registered players.	
Mother/Guardian		_	Father/Guardian			